## \*This section is for M/WBE Office use only\*

Contact Name & Phone Number:		
The M/WBE Office supports the waiver request. Please submit any comments below.		
1. The extraordinary and necessary requirements of the contract render application of the Program Elements infeasible or impractical. Please explain in detail. (Attach supporting documentation as necessary)		
2. The nature of the goods or services being procured are excluded from the scope of this Program Plan		
Please check one of the exclusions below: (Attach supporting documentation as necessary)		
Contracts that are subject to the U.S. Department of Transportation Disadvantaged Business Enterprise Program;		
Sole Source: the required supplies or services are available from one responsible source		
Contracts for electricity or water and sewage services from a municipal utility district or governmental agency;		
Emergency contracts for goods or supplies;		
Contracts for the City's lease or purchase of real property where City is lessee or purchaser; and		
3. Sufficient qualified M/WBEs providing the goods or services required by the contract are unavailable in the Relevant Market area of the project despite every reasonable attempt to locate them. Please explain in detail the reason for the request: (Attach RFP & supporting documentation as necessary)		
There are no available M/WBE firms in the Greensboro market to provide the service.		
The M/WBE Office does not support the waiver request. Please explain in detail the reason for not supporting the request: (Attach supporting documentation as necessary)		
Gwen Carter Digitally signed by Gwen Carter Date: 2019.05.06 14:43:08		
*This section is for CMO Office use only*		
ontact Name: Boulare Harris		
The CMO Office approves the waiver request		
The CMO Office does not approve the waiver request.		

## Internal M/WBE Waiver Request Form

Date: May 2, 2019	Department: Fire	
Contact Name & Phone: Mid	chael Swails, Deputy Chief 336-412-5723	
Contract Name and Number (if applicable): Firefighter Medial Evaluations and Physicals		
days <b>prior</b> to advertisement RFP & supporting document	icipation requirement may be requested by the <u>Originating Department</u> at least 5 business or solicitation. In detail below, please explain your reason for requesting a waiver (attach ation as necessary).  If approval of the request will be made by the City Manager's Office.	
firefighter medical evaluations of Greensboro Fire Department (G	e existing contract with Moses H. Cone Memorial Hospital Operating Corporation (MCMHOC) for and physicals. MCMHOC is a nationally recognized and distinguished health care system. The GFD) has contracted with MCMHOC since FY 05-06 and we have over fourteen years of is seline for all GFD personnel which is essential when evaluating and tracking an employee's health ties.	
MCMHOC has a state of the art	fixed medical facility eliminating the use of smaller mobile units.	
	on (Dr. Mary Hunt) with MCMHOC is knowledgeable on National Fire Protection Association other firefighter recommended fire industry standards.	
GFD personnel on vacation, sick draws.	c leave, or that miss the blood work day can simply go by MCMHOC fixed local facility for their blood	
MCMHOC and the City of Green	nsboro Physician work in conjunction with City Medical Services to provide the following:	
-Infectious Control (Firefighter e -Advisory to GFD concerning na -Employee Drug and Alcohol tes	rn to work clearance. (Worker's Comp and personnel injuries and medical issues). exposure and source testing for blood borne and air borne pathogens and etc.) tional and local medical/health issues such as Ebola, bed bugs, TB, etc. sting. (Random, promotional, and ordered) ource for City of Greensboro's Employee Assistance Program.	
-Advisory to the GFD Peer Supp	and the control of t	